



Senate

General Assembly

File No. 545

January Session, 2013

Substitute Senate Bill No. 1137

Senate, April 17, 2013

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEFINITION OF SCHOOL-BASED HEALTH CENTER.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2013*) As used in sections 19a-6i of
2 the general statutes, as amended by this act, 19a-7d of the general
3 statutes, as amended by this act, and 19a-638 of the general statutes, as
4 amended by this act, "school-based health center" has the same
5 meaning as provided in 42 USC 1397jj(c)(9), as amended from time to
6 time.

7 Sec. 2. Subsection (a) of section 19a-6i of the general statutes is
8 repealed and the following is substituted in lieu thereof (*Effective July*
9 *1, 2013*):

10 (a) There is established a school-based health center advisory
11 committee for the purpose of assisting the Commissioner of Public
12 Health in developing recommendations for statutory and regulatory
13 changes to improve health care through access to school-based health

14 centers, as defined in section 1 of this act.

15 Sec. 3. Subsection (a) of section 19a-7d of the general statutes is
16 repealed and the following is substituted in lieu thereof (*Effective July*
17 *1, 2013*):

18 (a) The Commissioner of Public Health may establish, within
19 available appropriations, a program to provide three-year grants to
20 community-based providers of primary care services in order to
21 expand access to health care for the uninsured. The grants may be
22 awarded to community-based providers of primary care for (1)
23 funding for direct services, (2) recruitment and retention of primary
24 care clinicians and registered nurses through subsidizing of salaries or
25 through a loan repayment program, and (3) capital expenditures. The
26 community-based providers of primary care under the direct service
27 program shall provide, or arrange access to, primary and preventive
28 services, referrals to specialty services, including rehabilitative and
29 mental health services, inpatient care, prescription drugs, basic
30 diagnostic laboratory services, health education and outreach to alert
31 people to the availability of services. Primary care clinicians and
32 registered nurses participating in the state loan repayment program or
33 receiving subsidies shall provide services to the uninsured based on a
34 sliding fee schedule, provide free care if necessary, accept Medicare
35 assignment and participate as Medicaid providers, or provide nursing
36 services in school-based health centers, as defined in section 1 of this
37 act. The commissioner may adopt regulations, in accordance with the
38 provisions of chapter 54, to establish eligibility criteria, services to be
39 provided by participants, the sliding fee schedule, reporting
40 requirements and the loan repayment program. For the purposes of
41 this section, "primary care clinicians" includes family practice
42 physicians, general practice osteopaths, obstetricians and
43 gynecologists, internal medicine physicians, pediatricians, dentists,
44 certified nurse midwives, advanced practice registered nurses,
45 physician assistants and dental hygienists.

46 Sec. 4. Subsection (b) of section 19a-638 of the general statutes is

47 repealed and the following is substituted in lieu thereof (*Effective July*
48 *1, 2013*):

49 (b) A certificate of need shall not be required for:

50 (1) Health care facilities owned and operated by the federal
51 government;

52 (2) The establishment of offices by a licensed private practitioner,
53 whether for individual or group practice, except when a certificate of
54 need is required in accordance with the requirements of section 19a-
55 493b or subdivision (9) or (10) of subsection (a) of this section;

56 (3) A health care facility operated by a religious group that
57 exclusively relies upon spiritual means through prayer for healing;

58 (4) Residential care homes, nursing homes and rest homes, as
59 defined in subsection (c) of section 19a-490;

60 (5) An assisted living services agency, as defined in section 19a-490;

61 (6) Home health agencies, as defined in section 19a-490;

62 (7) Hospice services, as described in section 19a-122b;

63 (8) Outpatient rehabilitation facilities;

64 (9) Outpatient chronic dialysis services;

65 (10) Transplant services;

66 (11) Free clinics, as defined in section 19a-630;

67 (12) School-based health centers, as defined in section 1 of this act,
68 community health centers, as defined in section 19a-490a, not-for-profit
69 outpatient clinics licensed in accordance with the provisions of chapter
70 368v and federally qualified health centers;

71 (13) A program licensed or funded by the Department of Children
72 and Families, provided such program is not a psychiatric residential

73 treatment facility;

74 (14) Any nonprofit facility, institution or provider that has a contract
75 with, or is certified or licensed to provide a service for, a state agency
76 or department for a service that would otherwise require a certificate
77 of need. The provisions of this subdivision shall not apply to a short-
78 term acute care general hospital or children's hospital, or a hospital or
79 other facility or institution operated by the state that provides services
80 that are eligible for reimbursement under Title XVIII or XIX of the
81 federal Social Security Act, 42 USC 301, as amended;

82 (15) A health care facility operated by a nonprofit educational
83 institution exclusively for students, faculty and staff of such institution
84 and their dependents;

85 (16) An outpatient clinic or program operated exclusively by or
86 contracted to be operated exclusively by a municipality, municipal
87 agency, municipal board of education or a health district, as described
88 in section 19a-241;

89 (17) A residential facility for persons with intellectual disability
90 licensed pursuant to section 17a-227 and certified to participate in the
91 Title XIX Medicaid program as an intermediate care facility for the
92 mentally retarded;

93 (18) Replacement of existing imaging equipment if such equipment
94 was acquired through certificate of need approval or a certificate of
95 need determination, provided a health care facility, provider,
96 physician or person notifies the office of the date on which the
97 equipment is replaced and the disposition of the replaced equipment;

98 (19) Acquisition of cone-beam dental imaging equipment that is to
99 be used exclusively by a dentist licensed pursuant to chapter 379;

100 (20) The partial or total elimination of services provided by an
101 outpatient surgical facility, as defined in section 19a-493b, except as
102 provided in subdivision (6) of subsection (a) of this section and section
103 19a-639e;

104 (21) The termination of services for which the Department of Public
105 Health has requested the facility to relinquish its license; or

106 (22) Acquisition of any equipment by any person that is to be used
107 exclusively for scientific research that is not conducted on humans.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	New section
Sec. 2	<i>July 1, 2013</i>	19a-6i(a)
Sec. 3	<i>July 1, 2013</i>	19a-7d(a)
Sec. 4	<i>July 1, 2013</i>	19a-638(b)

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact to the Department of Public Health (DPH) from adopting the federal definition of a school based health center (SBHC). This change is not anticipated to alter the number of SBHCs licensed as outpatient clinics by DPH or the number of SBHCs that receive DPH funding.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 1137****AN ACT CONCERNING THE DEFINITION OF SCHOOL-BASED HEALTH CENTER.****SUMMARY:**

This bill establishes a statutory definition for “school-based health center,” defining it the same way as under federal law. Under this definition, a school-based health center is a clinic that:

1. is located in or near a school facility of a school district, school board, Indian tribe, or tribal organization;
2. is organized through school, community, and health provider relationships;
3. is administered by a sponsoring facility (i.e., hospital, health department, community health center, nonprofit health care agency, or local educational agency);
4. provides primary health services through health professionals to children in accordance with state and local law; and
5. satisfies any other state requirements for school-based health centers.

The bill also makes technical changes.

EFFECTIVE DATE: July 1, 2013

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 0 (04/02/2013)